

Directions for Completing School-Based Health Center Invoice Assessment

Introduction

The *Invoice Assessment* replaces the *Service Delivery Report* that you were previously required to complete when you submitted invoices to DPH for payment. It also now encompasses the former *Education Logs* and *Administrative Logs*. The reason the form incorporates all these elements is to accommodate the EIM/ESM system.

The *Invoice Assessment* should be completed monthly by the 15th of each month. It should accompany your invoice to DPH. The *Invoice Assessment* should ideally be completed by the same person each month so there is consistency in how it is done. However, this designated person will need to work with other SBHC staff so that all the necessary information is included.

One *Invoice Assessment* should be completed for *each* SBHC site.

Completing the form

1. Month: Enter the month for which you are reporting. There will be a drop down menu. E.g. If this report is for the month of September and you are completing on October 10, you should write September.

2. Year: Enter the year for which this is being completed. There will be a drop down menu.

3. Contract #: This is your DPH contract number. Once you log into the EIM/ESM system this number should be readily available.

4. Form completed by: Just enter the name of the person completing the form. This is only necessary in case we have questions.

5. Name of SBHC: There will be a drop down menu of all SBHCs that pertain to your contract number. Just select the one for which the form is being completed.

6. # Student Days this Month: Tell us how many days during the month that your SBHC was actually opened and able to see patients. The purpose of this is to be able to capture whether your site was closed on certain days due to weather issues, school vacation, mandatory DPH meeting, school MCAS testing, sick day for clinician, or other reasons. This number of days will better help us understand your encounters for the month. E.g., if there were 3 snow days and the school was closed, you obviously could not see patients. So, if your numbers appear a little lower for that month, we can understand why.

7. This Month's Hours of Operation: Similar to item 6, this question pertains to the actual number of hours you were opened for the month. This is not really meant to be the number of hours you are supposed to be open, but the real hours you were opened for the

month. Again, we want this information not to scrutinize or question your operation, but to better understand how your patient productivity relates to the hours opened.

8. Actual Service Population Table

a. Total school population this month: Please list the actual official total enrollment for the month for which you are reporting. Enrollments can vary from month to month. This information can be obtained from the school administration office/principal. The reason this number is useful is that we often look at the number of SBHC registered students as a percentage of the entire school enrollment. The figure will be more accurate with actual data.

b. Total number enrolled in the SBHC this month: Please list the total number of clients who were **newly** registered/enrolled or re-enrolled in your SBHC in the month for which the report is being complete. To determine the number, please refer to the number of Enrollment Assessment forms (Registration forms) that were completed for the month.

c. Total number of visits this month: Please list the total number of encounters that occurred this month. An encounter/visit is any time a client/student is seen by a SBHC staff member and an encounter form is completed.

9. Other Monthly Staff Activities

This includes any staff activities not captured above that promote or integrate the health center or improve the health of the students. In other words, any services that occupied an SBHC staff person's time that was not captured on an encounter form.

You are strongly encouraged to complete this section as accurately as possible. This is the only way DPH can capture the essential non-billable services that you need to do to run an effective SBHC. It will help us to better understand how your time is allocated.

We would like each SBHC staff person to share the estimated amount of time they spent for the month on *SBHC related* work that was not billable. The intention is not to make you feel as if we are asking you to punch a time clock, but rather to be able to let policy-makers who make funding decisions know that a significant portion of time for SBHC providers/staff is spent doing non-billable, yet essential work. It helps us justify our funding.

We included several categories for which we would like information. They are:

Therapeutic Groups, Classroom Health Education, Community Health Fair, Outreach (school, community, parent), School-Wide Activities, School Team Meeting, SBHC or Agency Meeting, Professional Development, Other Meetings, Paperwork, Data Entry

We have asked that you provide times spent on these activities for each SBHC staff person. There is a drop down menu for the following SBHC staff:

Medical Clinician/s
Mental Health Clinician/s
Administrative Assistant
Program Manager
Other (specify)* _____

* Use other for oral health provider, dietician/nutritionist, family planning counselor, etc. and specify this role in the space provided.

For optimal information, we recommend that each SBHC staff person including SBHC consultants/subcontractors (if you want us to be able to capture that info as well), keep a hard copy of the form on their desk and periodically enter their activities for the month and *estimate* the time spent. These forms can then go to a central person, who can aggregate this information and enter it into the system.